

UTILITY PATENT APPLICATION TRANSMITTAL with FEE TRANSMITTAL (Only for new nonprovisional applications under 37CFR 1.53(b))		Attorney Docket No. AMPC 5067	
		First Inventor Lamar M. Auman	
		Title Locking and Stabilizing Device for Grenades	
		Express Mail Label No.	

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Mail Stop Patent Application
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

1. <input checked="" type="checkbox"/> Filing Fee included (hereinbelow) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages 7] (Preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the invention - Cross reference to related applications - Statement regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - BRIEF Description of the Drawings (if filed) - Detailed Description - Claims - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2] 4. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 12 completed) i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 	5. <input type="checkbox"/> Application Data Sheet. See 37CFR 1.76 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">ACCOMPANYING APPLICATION PARTS</p> 6. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 7. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 9. <input type="checkbox"/> Preliminary Amendment 10. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 11. <input type="checkbox"/> Other: _____ _____ _____ </div>
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12. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____
 Prior application information: Examiner _____ Group Art Unit: _____

FEE TRANSMITTAL ELEMENTS TOTAL AMOUNT OF PAYMENT \$ 750.00 The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number 19-2201 Deposit Account Name Headquarters, U.S. Army Material Command <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	LARGE ENTITY FEE CALCULATION <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">FEE CODE</th> <th style="width: 15%; text-align: center;">FEE PAID</th> </tr> </thead> <tbody> <tr> <td>1. Basic Filing Fee - (Utility)</td> <td style="text-align: center;">1001</td> <td style="text-align: right;">\$750.00</td> </tr> <tr> <td>2. Independent claims in excess of 3</td> <td style="text-align: center;">1201</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>3. Claims in excess of 20</td> <td style="text-align: center;">1202</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>4. Additional Fees</td> <td></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>5. Other Fees (specify) _____</td> <td></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="2">Enter Total here and in the "TOTAL AMOUNT OF PAYMENT"</td> <td style="text-align: right; border-top: 1px solid black;">\$750.00</td> </tr> </tbody> </table>		FEE CODE	FEE PAID	1. Basic Filing Fee - (Utility)	1001	\$750.00	2. Independent claims in excess of 3	1201	0.00	3. Claims in excess of 20	1202	0.00	4. Additional Fees		0.00	5. Other Fees (specify) _____		0.00	Enter Total here and in the "TOTAL AMOUNT OF PAYMENT"		\$750.00
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Name (Print/Type)	Hay Kyung Chang	Registration No. (Attorney/Agent)	32,972
Signature	<i>Hay Kyung Chang</i>		Date September 11, 2003

This form is based on information taken from USPTO Forms PTO/FB-A510, PTO/SB/05 (02-01) and PTO/SB/17 (11-00)

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